

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 46

Primary Registration District No. 4065

Registrar's No. 40

FILED SEP 16 1963

1. PLACE OF DEATH

a. COUNTY

Caldwell

b. CITY (If outside corporate limits, give TOWNSHIP only)

Polo

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Caldwell

c. CITY

OR

TOWN

Polo

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Vester

Middle

C

Last

Arnote

4. DATE

OF

DEATH

Month

Day

Year

Sept. 6 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

3-25-1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ray Co. Mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Arnote

13b. MOTHER'S MAIDEN NAME

Elyabeth Green

14. NAME OF HUSBAND OR WIFE

Verna Arnote

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Verna Arnote Polo Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suicide

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

22 CAL. RIFLE SHOT IN LEFT TEMPLE

20c. TIME OF INJURY

Hour a.m.

10:30

Month, Day, Year

9-6-63

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME GARDEN

20f. CITY, TOWN, OR LOCATION

POLO

COUNTY

CALDWELL

STATE

MO.

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. L. Elster D.O. Coroner

22b. ADDRESS

Hamilton, Mo.

22c. DATE SIGNED

6-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

23d. LOCATION (City, town, or county)

Mo. Ray Co. Mo. on 13 Hwy.

24. FUNERAL DIRECTOR

Chapman & Cowley Polo Mo

25. DATE RECD. BY LOCAL REG.

Sept 10-63

26. REGISTRAR'S SIGNATURE

Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10130

20130

3

4

5

6

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8

9776X

10

11

1290-3

132-0

SEP 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Erwin L. Jorvick

Licensed Embalmer No.

4924

P. O. Address

Polo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.